

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE GUARDIANSHIP OF

**Waiver and Consent
to Minor Guardianship**

Date of Birth

Case No. _____

I state that:

1. I am ☐ the mother ☐ the father ☐ a person interested as _____
of the above-named minor child.
2. I acknowledge that a petition for the appointment of (name) _____
as guardian of the ☐ person ☐ estate on the above-named minor child has been or will be filed.
- ☐ 3. I understand that if the court appoints a temporary guardian, the guardianship will continue for 60 days and
can be extended for another 60 days.
- ☐ 4. I understand that if the court appoints a permanent guardian, the guardianship will continue until the ward
turns 18 or until the court order is terminated.
5. By signing this document, I consent to this guardianship and waive my right to notice of hearings as required
by the statutes.

Signature of Father or Interested Person

Name Printed or Typed

Address

Date

Signature of Mother or Interested Person

Name Printed or Typed

Address

Date

Name of Attorney	
Address	
Telephone Number	Bar Number